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ABSTRACT

These two curriculum modules are self-contained units focusing on older women of color (primarily African-American) and rural minority elders. The modules were developed as a product of a Model Gerontology Career Development Program in Institutions of Higher Education in Rural Areas through a consortium of colleges, universities, and agencies serving older adults in Virginia. The modules provide the basis for instruction for courses on gerontology that can be incorporated into two-year postsecondary curricula, four-year college programs, or postgraduate courses. The following components are included in each module: (1) introduction and rationale; (2) learning objectives; (3) content outline; (4) instructor's resource guide with cross-references to bibliographic materials, learning objectives; (5) post-test questions; and (6) annotated bibliography. Instructors may use these modules as free-standing units of instruction, e.g., for workshops or seminars. Or they can be incorporated into existing curricula in a variety of ways by selecting the resources and mode of instruction appropriate to the curriculum and level of instruction. The annotated bibliography for the women of color module includes 27 citations, and the bibliography for the rural minority elders module describes 19 resources. The content of the women of color unit includes information on the following: the term "of color," theoretical perspectives, research problems, objective measures of vulnerability, studies of mental health, family roles, caregiving patterns, social networks, problems in service use, and policy issues. The rural minority elders unit covers: these topics: demographics, how rural minority elders differ from nonminorities, characteristics of rural social structure, cultural characteristics, factors in formal service utilization, and in-migrating retirees. (KC)

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Virginia Center on Aging

Geriatric Education Center

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Curriculum Modules in Minority Aging

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CURRICULUM MODULES
IN MINORITY AGING

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INTRODUCTION

The curriculum modules in this volume were developed as a product of a Model Gerontology Career Development Program in Institutions of Higher Education in Rural Areas. This program, which was funded in part by the Administration on Aging, U.S. Department of Health and Human Services (grant #90AT0153), involved a regional consortium of colleges and universities and agencies serving older adults within the state of Virginia. This consortium was developed by the Virginia Center on Aging and the Department of Gerontology at Virginia Commonwealth University (VCU). Members of the consortium were a major state university (Virginia Commonwealth University), two historically black educational institutions (Saint Paul's College, Virginia State University), three community colleges (John Tyler Community College, Paul D. Camp Community College, Southside Virginia Community College), the Virginia Department for the Aging, and three area agencies on aging (Crater District Area Agency on Aging, Lake Country Commission on Aging, Piedmont Senior Resources, Inc.).

The project grew out of a common desire to promote educational opportunities for indigenous service providers whose client populations included large proportions of aged blacks. The region of Virginia covered by this project is a sparsely populated agricultural region with approximately 35,000 persons aged 65 and over. Approximately 40% of the total population are blacks.

Throughout the period of funding by the Administration on Aging (September, 1985 - July, 1987), efforts were made to provide educational support in the content area of minority aging to educators who were members of the consortium. Many of these activities were made available to other groups as well. Included was a day-long, statewide workshop for gerontology educators

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on Minority Aging conducted in May, 1986, by Dr. Wilbur Watson, Director of the Center on Health and Aging at Atlanta University. A special graduate-level course entitled Gender and Ethnicity in Aging was developed and offered through the VCU Department of Gerontology during the 1986 fall semester. A total of 15 gerontology educators, gerontology students, and aging service providers enrolled and successfully completed this course.

To support these efforts, especially for members of the consortium and others who were unable to participate in these activities, these curriculum modules were developed. No effort was made to include the entire content area of minority aging. In order to avoid duplication of existing curriculum materials (e.g., the series of individualized instructional modules on Minority Aging developed by Gloria C. Twitty at Hampton Institute and Minority Aging: A Comprehensive Perspective developed by Dr. Wilbur H. Watson at Atlanta University) and to address educational needs specifically applicable to the regional consortium, modules entitled (1) Older Women of Color and (2) Rural Minority Elders were developed. Although brief attention was given to other groups, the modules focus primarily on older blacks. This reflects the demographic characteristics of the geographic region of the consortium. Both ethnic and minority issues are considered. The modules are geared strongly to the education of service providers to the elderly, as was the model project. A generic approach to service delivery was utilized in order to include providers of social as well as health services.

Module Format

The modules consist of self-contained units of information. They are intended to provide the basis for instruction which may be incorporated into various types of curricula at different levels of education.

The following components are included in each module:

Introduction and Rationale: The initial section in each module provides a brief overview and description of the importance of the topic.

Learning Objectives: Specific learning objectives have been devised for each module. They are expressed in concrete, behavioral terms.

Content Outline: A comprehensive outline of the content covered in the module unit is provided.

Instructor's Resource Guide: In this component of the module, the content outline is reiterated with appropriate cross-references to bibliographic materials, learning objectives, and post-test questions. Bibliographic references are referred to by author and date of publication. In the case of edited volumes, the reference lists the editor(s) and appropriate page numbers. Full bibliographical data is provided later in the Annotated Bibliography. Learning objectives and post-test questions are referred to by numbers corresponding with their sequence of presentation in their respective components of the module.

Post-test Questions: Questions designed to assess mastery and comprehension of module content are provided. The questions correspond to the learning objectives for each module.

Annotated Bibliography: A reference list of relevant bibliographic resources, alphabetized by author, concludes each module. References consist primarily of books and articles from professional journals, but also include some other curriculum materials. Each reference is briefly summarized and evaluated. The reference list is not intended to be a comprehensive bibliography. Materials were selected for inclusion based on the criteria of suitability for use as text or supplementary readings at various educational levels, value as a supplementary resource for

instructors, and currency of information. In general, references included were published within the post decade.

Suggestions for Use of the Modules

Instructors may utilize these modules as free-standing units of instruction, e.g., for workshops or seminars. Or they may be incorporated into existing curricula in a variety of ways by selecting the resources and mode of instruction appropriate to the curriculum and level of instruction.

For example, the instructor in a community college paraprofessional training program would likely utilize the reference materials primarily as a resource for herself in preparing for classroom presentation. Perhaps some materials from appropriate resources could be selected for use as handouts. Emphasis would be given to practice issues.

In upper-level undergraduate courses, more theoretical information could be introduced. Supplementary readings might be assigned, especially from the "textbook" types of readings.

At the graduate level, more attention should be given to research issues. Students may be required to read and report on appropriate journal articles.

These modules may be used to help provide the knowledge base for skill development at any level, from community college through graduate school. The modules provide information on older women of color and rural, minority elders which is essential in adapting, for example, basic communication skills, interviewing skills, or case management skills to these populations. They are intended to provide instructors who have limited formal education in these content areas with basic resources for training service providers to meet the special needs of these groups.

MODULE I

OLDER WOMEN OF COLOR

OLDER WOMEN OF COLOR

Introduction and Rationale

It has been said the issues of aging are women's issues. The aged population, particularly the old-old, is predominantly female. Yet until recently, comparatively little attention had been focused on the needs and problems of older women.

Still less attention has been given to the specific characteristics and needs of minority women. Why study this population? Women of color experience the most severe economic deprivation of any group in old age. In the face of the multiple jeopardy to which they are exposed as a result of the ageism, sexism, racism, and classism prevalent in American society, older minority women are particularly vulnerable with regard to income, health, housing, and access to services.

Although white females still have longer life expectancies at birth than females of different racial and ethnic groups, these differences begin to disappear as women age. After the age of 80, the anticipated life span of minority women surpasses that of whites. Consequently, the proportion of minority women within the old-old age groups is increasing more rapidly than nonminorities. Since frailty and dependence increase with advancing age, an increasingly large segment of the clientele of aging service providers will be older minority women.

The unique history of these women as members of a minority group in combination with the influences of their ethnic cultures will provide challenges to service providers. Students preparing for careers in aging should be trained to recognize and provide for the special needs of older women of color.

Learning Objectives

Upon completion of this unit of study, the student will be able to:

1. Explain the phenomenon of the crossover effect.
2. Discuss the two major theories of minority aging.
3. Distinguish between minority status, ethnicity, and culture as influences on aging.
4. Identify two major research problems in minority aging.
5. Discuss four areas in which women of color are particularly vulnerable in old age.
6. Describe ways in which older women of color differ from their nonminority counterparts with regard to life satisfaction, perceptions of aging, social interaction patterns, and coping strategies.
7. Discuss the special family roles of older women of color.
8. Identify three distinguishing characteristics of the family caregiving patterns of older women of color.
9. Describe distinctive qualities of the social networks of older women of color.
10. Describe at least four special problems in formal service utilization for older women of color.
11. Discuss policy implications of service utilization problems for older women of color.

Outline of Unit Content

I. Introduction

A. "Of color": A term of empowerment

B. The demographic perspective and the crossover effect

II. Major Theoretical Perspectives

A. Multiple jeopardy

B. Age as leveler

C. Definition of concepts

1. Minority status

2. Ethnicity

3. Culture

III. Research Problems in Minority Aging

A. Paucity of studies

B. Methodological bias

IV. Objective Measures of Vulnerability

A. Income

B. Housing

C. Health

D. Access to services

V. Studies of Mental Health

A. Life satisfaction

B. Perceptions of aging

C. Social interaction patterns

D. Coping strategies

VI. Family Roles

A. Unique leadership position

B. Care of young

C. Socialization of young

D. Link to cultural past

E. Transmission of cultural traditions and values

F. Source of financial support

G. Center of family's emotional life

H. Communications center

VII. Caregiving Patterns

A. Developmental history as caregiver

B. Caregiver to extended family

C. System of exchange

VIII. Distinctive Qualities of Social Networks

A. Size

B. Composition

C. Types of support provided

D. Depth of support provided

IX. Special Problems in Service Utilization

A. Effect of network problems

B. Difficulties in accepting dependence

C. Cultural barriers

D. Minority issues

X. Policy Issues

A. Need for culturally appropriate service programs

B. Need to improve service delivery

C. Need to improve socioeconomic conditions of pre-aged minority women

Instructor's Resource Guide

Content Outline	References	Learning Objectives	Post-Test Questions
I. Introduction	AARP, 1986	1	1
A. "Of color": A term of empowerment	Dilworth-Anderson, Manuel, 1982 (pp. 29-68)		
B. The demographic perspective and the crossover effect	McNeely & Colen, 1983, (pp. 25-82)		
II. Major Theoretical Perspective	Gelfand, 1985	2	2
A. Multiple jeopardy	Gelfand & Kutzik, 1989 (pp. 9-31;		
B. Age as leveler	341-356)		
C. Definition of concepts	Jackson, 1980	3	3
1. Minority status	Jackson, 1985		
2. Ethnicity	Manuel, 1982 (pp. 13-25; 77-82)		
3. Culture	New et al., 1985 (pp. 1-17)		
	Watson, 1982		
III. Research Problems in Minority Aging	Gelfand & Kutzik, 1979 (pp. 9-31)	4	4
	Jackson, 1985		
A. Paucity of studies			15

Content Outline	References	Learning Objectives	Post-Test Questions
B. Methodological bias	Manuel, 1982 (pp. 211-247)		
IV. Objective Measures of Vulnerability	AARP, 1986 Dilworth-Anderson, 1984	5	5
A. Income	Manuel, 1982 (pp. 29-52; 71-93)		
B. Housing	McNeely & Colen, 1983 (pp. 161-		
C. Health	184; 241-249)		
D. Access to services	Watson, 1982		
VI. Studies of Mental Health	Conway, 1985	6	6
A. Life satisfaction	Dancy, 1977		
B. Perceptions of aging	Gelfand & Kutzik, 1979 (pp. 9-31;		
C. Social interaction patterns	96-116)		
D. Coping strategies	Manuel, 1982 (pp. 95-100)		
	McNeely & Colen, 1983 (pp. 95-107)		
V. Family Roles	Dancy, 1977	7	7
A. Unique leadership position	Jackson & Walls, 1979		

Content Outline	References	Learning Objectives	Post-Test Questions
B. Care of young	Hanson, Sauer, & Seelbach, 1983		
C. Socialization of young	McNeely & Colen, 1983 (pp. 95-107)		
D. Links to cultural past	Mitchell & Register, 1984 Taylor, 1985		
E. Transmission of cultural traditions and values	Twitty, 1982 (Vol. IV)		
F. Source of financial support			
G. Center of family's emotional life			
H. Communications center			
VI. Caregiving Patterns	Manuel, 1982 (pp. 109-114)	8	8
A. Developmental history as caregiver	Morycz, 1985 Wood, 1987		
B. Caregiver to extended family			
C. System of exchange			

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Content Outline	References	Learning Objectives	Post-Test Questions
VII. Distinctive Qualities of Social Networks	Chatters, Taylor & Jackson, 1985 Dilworth-Anderson, 1984	9	9
A. Size	Jackson & Walls, 1979		
B. Composition	McNeely & Colen, 1983 (pp. 95-107)		
C. Types of support provided	Mitchell & Register, 1984		
D. Dept of support provided	New et al., 1985 (pp. 6-17) Taylor, 1985 Taylor & Chatters, 1986		
VIII. Special Problems in Service Utilization	Baker, 1982 Krause, 1987	10	10
A. Effect of network problems	Manuel, 1982		
B. Difficulties in accepting dependence	McNeely & Colen, 1983 (pp. 161-183) Twitty, 1982 (Vol. VI)		
C. Cultural barriers			
D. Minority issues			
IX. Policy Issues	Baker, 1982	11	11

Content Outline	References	Learning Objectives	Post-Test Questions
A. Need for culturally appropriate service programs	Dilworth-Anderson, 1984 Flaskerud, 1986 Manuel, 1983 (pp. 161-183)		
B. Need to improved service delivery	McNeely & Colen, 1983 (pp. 250-279)		
C. Need to improve socio-economic conditions of pre-aged minority women	Twitty, 1982 (Vol. VI)		

Post-Test Questions

1. Explain the phenomenon of the crossover effect as it relates to the aging of minority and nonminority women.
2. Compare and contrast multiple jeopardy and the age-as-leveler hypothesis as theoretical perspectives for minority aging. To what extent is each supported by empirical data?
3. Define the following terms:
    a. minority status
    b. ethnicity
    e. culture
4. What are the two major research problems in minority aging?
5. Discuss the vulnerability of older women of color in the areas of income, housing, health and access to services.
6. Utilize research findings to comment on how older women of color differ from nonminorities with regard to:
    a. life satisfaction
    b. perceptions of aging
    c. social interaction patterns
    d. coping strategies
7. What special family roles, if any, are fulfilled by older women of color?
8. Describe three distinguishing characteristics of the family caregiving patterns of older women of color.
9. In what ways are the social networks of older women of color different from those of their nonminority counterparts?
10. Discuss special problems in formal service utilization for older women of color.

11. Discuss the policy implications of service utilization problems for older women of color.

Annotated Bibliography

American Association of Retired Persons Minority Affairs Initiative. (1986). A portrait of older minorities. Washington, DC: American Association of Retired Persons.

This brochure provides the most concise, up-to-date information available on the demographic characteristics of older minorities. The statistical information, which was researched by the Center for Population Research at Georgetown University, was based on 1980 Census data. Information is provided on marital status, living arrangements, education, employment, income, poverty status and health of the black, Hispanic, Asian/Pacific Islander and Native American elderly. This brochure is available without charge from AARP, 1909 K Street, N.W., Washington, DC 20049. It is an excellent handout for students.

Baker, F.M. (1982). Ethnic and cultural variations in the care of the aged. Discussion: The black elderly: Biopsychosocial perspectives within an age cohort and adult development context. Journal of Geriatric Psychiatry, 15, 225-237.

Noting the wide range of the "black experience", the author traces the historical context for the life experiences of an American black person who would have been 65 years old in 1981. He thus makes a persuasive argument that, in order to understand age-specific responses of the minority aged, the biopsychosocial approach must be placed within the historical context of the age cohort. He calls attention to the effects of racism in meeting the mental health needs of aged blacks but insists that empathy and sensitivity to cultural differences on the part of health professionals are a more important requirement than having care providers of the same ethnic background. The strength of this article lies in the author's ability to personalize his

theoretical arguments in discussion format. A case study is utilized to illustrate many of the complexities of providing health services to the black elderly.

Chatters, L.M., Taylor, R.J., & Jackson, J.S. (1985). Size and composition of the informal helper networks of elderly blacks. Journal of Gerontology 40, 605-614.

This study, which was based on data from the National Survey of Black Americans, is a valuable empirical resource. Approximately 28% of the sample were rural. Information on informal support networks is of significance for understanding the cultural backgrounds of minority elders and can have important implications for care of frail elders. Results indicate that black women and married individuals have larger support networks than men and unmarrieds. Respondents in the southern region of the United States had considerably larger helper networks, consisting of both kin and nonkin. No significant differences between rural and urban components of the sample were reported. Issues relating size of informal support network to quality of care are discussed.

Conway, K. (1985). Coping with the stress of medical problems among black and white elderly. International Journal of Aging and Human Development, 21, 39-47.

This article reports results of a preliminary study of the coping responses of black and white elderly women to the stresses of a medical problem. Along with cognitive and action-oriented coping responses, the use of social support as a coping strategy is explored. Black and white groups were similar in many of the coping mechanisms reported, e.g., both groups were more likely to place

their faith in God or in themselves than in their clinicians. Distinct racial differences were seen in the use of social support (both in network dynamics and in type of support provided), in the use of prayer as a coping mechanism and in the use of nonprescription drugs. The black elderly reported more frequent use of each of these approaches to coping. This study is significant as one of a limited number of empirical studies exploring racial differences in coping.

Dancy, J., Jr. (1977). The black elderly: A guide for practitioners. Ann Arbor, MI: Institute of Gerontology, University of Michigan-Wayne State University.

Although published more than a decade ago, this little book (56 pages) is still of value for educators of service providers to the black aged. The profile of the black elderly and the extensive bibliography will be useful. Community college faculty, in particular, may find the outline of a training program for practitioners helpful.

Dilworth-Anderson, P. (1984). A sociological overview of older minority women. Convergence in Aging, 2, 56-67.

This is one of the few articles which has addressed directly the characteristics and concerns of older women of color. The author provides an accurate, concise overview of demographics, briefly reviews research on family ties, and raises a number of policy issues. For the educator seeking a single resource which integrates much of what is known about older minority women, this article will be a valuable aid.

Flaskerud, J.H. (1986). The effects of culture-compatible intervention on the

utilization of mental health services by minority clients. Community Mental Health Journal, 22, 127-141.

Although this study does not deal specifically with older minorities, it is an important resource because of the dearth of research on service utilization by older minorities. Empirical data on the effects of culture-compatible interventions in service delivery to minorities are extremely valuable. Utilization was measured by classifying clients as either remaining in therapy for more than four visits (non-dropout) or terminating therapy after four visits or less without consent of the therapist (dropout). Three culture-compatibility variables were found to be significant predictors of continued utilization: language match of therapist and client, ethnic/racial match of therapist and client, and agency location in the ethnic/racial community.

Gelfand, D.E. (1982). Aging: The ethnic factor. Boston: Little, Brown and Company.

This little book (113 pages) may be used as a textbook at the undergraduate level or as supplementary reading in graduate courses. The strength of the book is in its comprehensive view of ethnicity and its focus on basics. Attention is given to ethnic groups whose identity is based on race, religion and/or national origin. The first two chapters deal with conceptions and models of ethnicity and the historical development of various ethnic groups within the United States, e.g., a history of immigration. The influence of ethnicity on formal and informal support systems of the elderly is discussed. The author has done an admirable job of integrating basic information on ethnicity and aging into a concise and readable text.

Gelfand, D.E., & Kutzik, A.J. (Eds.). (1979). Ethnicity and Aging: Theory,

Research and Policy. New York: Springer Publishing Company.

This book grew out of the National Conference on Ethnicity and Aging at the University of Maryland in 1978 and brought together a comprehensive collection of the scientific writings on ethnicity and aging available at that time. This was the first major collection of writings on aging in which definitional distinctions between "ethnic" and "minority" groups were raised. The editors also recognized the significance of developmental psychology in bringing cultural variables into the study of aging. Several of the chapters are classics and deserve special consideration. Zola's discussion of the role of ethnicity in medical practice (pp. 66-80) is a compelling argument for sensitization of healthcare practitioners to ethnic issues. Kastenbaum's Reflections on Old Age, Ethnicity, and Death (pp. 81-95) emphasize the inseparability of one's ethnicity from other components of one's identity, e.g., age, sex. He also writes in particularly poignant terms of how the dying of an older person in an institutional setting, unless it occurs in some way which upsets the institutional routine, is a depersonalized event to be "managed" without consideration of cultural tradition. Varghese and Medinger (in Fatalism in Response to Stress Among the Minority Aged, pp. 96-116) call attention to culture-specific adaptive responses to stress which may be considered maladaptive in non-minority cultures. Although these writings were developed nearly a decade ago, this book is still a valuable resource in the field of ethnicity and aging.

Hanson, S.L., Sauer, W.J., & Seelbach, W.C. (1983). Racial and cohort variations in filial responsibility norms. The Gerontologist, 23, 626-631.

This study examined racial differences and age cohort effects in the endorsement of filial responsibility norms. Results showed stronger support for the

filial norms among white respondents than among blacks. Younger age groups were more supportive of the norms than older age groups, probably reflecting the desire of older adults to remain independent. Speculations as to why these racial and age patterns exist are discussed. Distinctions between adherence to norms and actual familial responsibility behavior are noted.

Jackson, J.J. (1980). Minorities and Aging. Belmont, CA: Wadsworth Publishing Company.

This book was written as a textbook in minority aging and brings together research by social, behavioral, and biological scientists in a clearly written style. Learning aids include a glossary, chapter summaries, study questions, and an annotated bibliography of suggested readings. The biggest drawback to use of this book is that it has not been updated since 1980 and, consequently, includes no research more recent than 1979. Readers will find interesting the nine minority groups selected by the author as the primary focus for this book: Black American women, Black American men, American Indian women, American Indian men, Asian American women, Asian American men, Hispanic American women, Hispanic American men, and Anglo-American women. These groups were selected, the author says, because their successful adjustment to advancing age is frequently jeopardized by institutionalized victimization occurring as a result of minority status. Examination of their experiences will create increasing awareness of the heterogeneity of the aging process. This book will be useful as a supplementary reading, of value for its unique perspective (which includes the personal and professional experience of the author) and the clarity with which historical developments and theoretical constructs are presented.

Jackson, J.J. (1985). Poverty and minority status. In M.R. Haug, A.B. Ford, & M. Sheafor (Eds.). The Physical and Mental Health of Aged Women (pp. 166-181). New York: Springer Publishing Company, Inc.

The author makes a persuasive argument that theoretical and empirical deficits limit scientific consideration of the vulnerabilities and strengths of old, poor minority women. She provides a brief but cogent critique of empirical tests of the double jeopardy hypothesis detailing problems with operationalizing the concepts of poverty, minority status, and multiple jeopardy; with lumping together the effects of ageism, sexism, and racism; and with cross-sectional research methodology. A case is made for distinguishing between objectively determined and subjectively determined multiple jeopardy. What it means to be old, poor, black and female cannot be understood without learning what it means to those who are old, poor, black and female. The author argues that research to date does not provide adequate information to determine how minority status differentiates women who are old and poor from nonminority women who are old and poor.

Jackson, J.J., & Wall, B.E. (1979). Aging patterns in black families. In Lichtman, A.J., & Challinor, J.R. (Eds.), Kin and communities (pp. 145-154). Washington, DC: Smithsonian Institution.

The authors summarize the sparse empirical data on the kinship patterns of Southern aged blacks and comment on its characteristics and similarity with other networks. The chapter is of value for the extended bibliography and the competent integration of research data extant at the time of writing.

Krause, N. (1987). Stress in racial differences in self-reported health among the elderly. The Gerontologist, 27, 72-76.

The purpose of this study was to investigate racial differences in the self-rated health of the elderly and further, to determine the effects of stres sin explaining racial differences in perceived health. Respondents were a random sample of noninstitutionalized older adults in Galveston, TX. Twenty-seven percent (27%) were black. Self-rated health of older blacks in the sample was significantly worse than that of older whites. The health disadvantage persisted for blacks after effects of stress, response bias, age, sex, marital status, education and depressive symptoms were controlled. Results also showed that (1) chronic financial strain was significantly related to the health perception of older whites but not older blacks, (2) stressful life events failed to influence the health perception of either group, and (3) crises within the support networks affect the health perceptions of older blacks but not older whites. The author discussed these findings within the theoretical frameworks of selective survival, intrapersonal relative deprivation, and the costs and benefits of social support. This article makes an important contribution to research in an area whre little empirical data exits.

Manuel, R.C. (Ed.). (1982). Minority Aging. Westport, CT: Greenwood Press. Although studies of some other minorities are included, this book most frequently reflects the black perspective. Manuel reviews the history of minority aging research and provides a conceptual perspective, emphasizing the significance of distinctive lifelong patterns of socialization within an ethnic culture. He also clearly delineates the distinct definitions of ethnicity and minority status. The most valuable chapters for this module is that on Mental Health and Successful Coping Among Aged Black Women (by Taylor, pp. 95-100). A particularly fine section is on Research Methodology and the

Minority Aged is also included. This book may be used as a text or as supplemental reading for courses in minority aging.

McNeely, R.L., & Colen, J.L. (Eds.). (1983). Aging in Minority Groups. Beverly Hills, CA: SAGE Publications, Inc.

This book consists of a compilation of professional papers and essays which are organized into four major sections by the editors: Demography, Exemplars of Aging in Cultural Context, Selected Social Problems, and Guidelines for Service Delivery. In the Introduction, the editors present an overview of research problems with the minority aged, cite the limitations of current theoretical perspectives in explaining and/or predicting minority aging, and emphasize the need for conceptual frameworks which incorporate a historical perspective in understanding aging in minority groups. The chapter on the black aging experience (by Tate, pp. 95-107) has particular relevance for a discussion of older black women.

Mitchell, J., & Register, J.C. (1984). An exploration of family interaction with the elderly by race, socioeconomic status and residence. The Gerontologist, 24, 48-54.

This study found that white elderly have more frequent contact with their children and grandchildren than do blacks, but that blacks are more likely to receive help from their children and grandchildren. Older blacks are also more likely to take children, grandchildren, or other dependent family members into their homes to live. Results are discussed in the context of the extended family hypothesis of black aging.

Morycz, R.K. (1985). Caregiving strain and the desire to institutionalize family members with Alzheimer's disease. Research on Aging, 7, 329-361. This research explored the relationship between the strain experienced by 80 family caregivers of patients with Alzheimer's disease and the desire to institutionalize the patient. Utilizing a conceptual framework which allowed for complex interaction of patient-caregiver-environmental characteristics, Morycz found that the strongest and most consistent predictor of desire to institutionalize among the total group of caregivers was caregiver strain. The best set of predictors for strain was the availability of social support to the caregiver. This study included a small number of black family caregivers (N=18). For black caregivers, strain was not a significant predictor of desire to institutionalize. The best predictor of desire to institutionalize among black caregivers was whether the caregiver argued with the patient. Significant predictors of strain among black caregivers were increased expense related to caretaking and the perception of problem severity.

New, P.K., Henderson, J.N., Mangum, W., & Rich, T. (Eds.) (1985). Special Issue on Aging and Ethnicity. Journal of Applied Gerontology, 4, Number 1.

For the educator with little available time, this special issue offers a compact review of recent research and thought on ethnicity and aging. The most useful articles (Aging, Ethnicity, and the Public: Policy Implications by New, Henderson, and Padgett, pp. 1-5, and Ethnicity, Culture and Aging: Do Differences Really Make a Difference? by Sokolovsky, pp. 6-17) provide a conceptual framework for viewing the role of ethnicity in aging.

Taylor, R.J. (1985). The extended family as a source of support to elderly blacks. The Gerontologist, 25, 488-495.

In this sample of older blacks from the National Survey of Black Americans, most subjects reported frequent contact with family members, support from extended family, high levels of family affection, and satisfaction with family life. Multivariate analyses revealed that income, education, region, degree of family interaction, proximity of relatives, and having adult children predicted frequency of support. Women reported receiving support more frequently than men. Findings indicate that older black women are active participants in family networks, but these relationships are complex.

Taylor, R.J. & Chatters, L.M. (1986). Church-based informal support among elderly blacks. The Gerontologist, 26, 637-642.

The study reports that frequent church attendance by black elders was an important predictor of both frequency and amount of informal support. Thus, it appears that for older blacks who are involved in church activities, the church is an important source of informal assistance. The adult children of older blacks appear to function as links between the family and the church. Information on types of assistance and regional differences in amount of church-based support is also provided.

Twitty, G.C. (1982). Minority Aging Series. A Series of Individualized Instructional Modules. Hampton, VA: Department of Human Ecology, Hampton Institute.

There are six volumes plus an Instructor's Manual in this series of instructional modules. The titles are: The Black Aged, A Cross-Cultural Review of the Elderly, The Impaired Elderly, The Family and the Black Aged, The Older

Woman, and Service Delivery to Minority Elders. The series was developed in the Learning Resources Center of the Department of Human Ecology at Hampton Institute (now Hampton University). The programmed instructional guides allow for self-paced, individualized learning using a multi-media approach. However, individual instructional units may be adapted for classroom use. The Instructor's Manual includes pre- and post-test questions, suggested learning activities and exercises, and a student evaluation form for each module.

Watson, W.H. (1982). Minority aging: A comprehensive perspective. Atlanta: Atlanta University Center on Health and Aging.

This manual of curriculum materials was developed as a joint project between Atlanta University and Georgia State University. It includes five units of study: I. Individual and Social Factors in the Study of Minority Aging, II. Ethnic Variations in Aging, III. Health and Health Care of Older Minorities, IV. Long Term Care and Specialized Institutions for Older Minorities, V. Future of Minority Aging and Aging in General. Each unit includes a brief introduction to the content area, a resource list, key terms, and questions for discussion and examination. Extensive bibliographies are provided for further reading.

Wood, J.B. (1987). Coping with the absence of perceived control: Ethnic and cultural issues in family caregiving for patients with Alzheimer's disease. Unpublished doctoral dissertation. Virginia Commonwealth University.

In this exploratory study, differential patterns of providing care for a family member with Alzheimer's disease were explored on the basis of racial characteristics (black/white) and area of residence (rural/urban). Black

caregivers were twice as likely as whites to be caring for relatives other than spouse or parents and were two and one half times as likely as whites to be providing care in a non-institutional setting. Complex but significant differences were reported by race with regard to availability and utilization of informal support systems and with regard to strategies employed to cope with the strain of caregiving.

MODULE II

RURAL MINORITY ELDERS

RURAL MINORITY ELDERS

Introduction and Rationale

Though long ignored, the special concerns of rural-dwellers and minority elders are recently receiving more attention from researchers, policy-makers, educators and practitioners. This has largely to do with demographics. There is growing recognition of the large proportion (approximately 39%) of the nation's older adults who live in rural areas. The rapid increase in the rate of growth of older rural minorities, both in absolute numbers and relative proportions, cannot be ignored.

Students who are being educated for life-planning in an aging society should have some awareness of this important segment of the population. Those who are planning for careers in the fields of gerontology/geriatrics have particular educational needs regarding older rural minorities. As the numbers and proportions of the rural minority aged continue to increase more rapidly than their urban, nonminority counterparts, service providers must be sensitized to the special needs and characteristics of this population. They constitute an increasingly large segment of the aging population to whom services must be provided.

Attention must be given to relevant characteristics of rural social structure-which impact on the lifestyles and social behaviors of rural minority elders and on organization of services to be delivered to them. Efforts must be made to understand ethnic and cultural issues, as well as factors related to minority status, which influence service utilization.

Students must also gain an appreciation for the inherent difficulties in disentangling minority concerns, ethnic issues and rural characteristics. While some effort must be made to do this for the sake of objectivity, students should be encouraged to view rural minority elders in holistic fashion.

Individuals must be viewed in the context of their formal and informal support systems, their cultural context, and the social structure of which they are a part. Use of the term "elders" (rather than elderly which connotes frailty) in referring to this population is indicative of the respect and high regard with which older rural minorities are typically held in relation to their reference groups.

Learning Objectives

Upon completion of this unit of study, the student will be able to:

1. Discuss demographic trends of the older rural, minority population
2. Discuss the implications of current demographic trends for policy and program development
3. Describe at least seven areas in which rural minority elders differ objectively from their urban and nonminority counterparts
4. Identify at least five characteristics of rural social structure which have significance for the lifestyles and social behavior of rural, minority elders
5. Discuss the special significance of the black church and informal support networks in the lives of rural minority elders
6. Identify the traditional providers of health and mental health services to rural minority elders
7. Describe five cultural considerations which are important to understanding social behaviors of rural, minority elders
8. Discuss the special issue of social integration as it relates to rural, minority elders
9. Identify five characteristics of rual, minority elders which influence service utilization patterns
10. Identify six characteristics of service policies and programs which negatively influence utilization of formal services
11. Discuss five differences distinguishing in-migrating minority retirees to rural areas from typical rural-dwelling minority elders.

Outline of Unit Content

I. Introduction

- A. Demographics
  - 1. Current demographics
  - 2. Projections
- B. Implications for policy and program development
- C. Difficulty in separating rural from minority characteristics

II. How Rural Minority Elders Differ from Nonminorities: Higher Objective Needs vs. Fewer Community Resources

- A. Income
- B. Health
- C. Housing
- D. Transportation
- E. Education
- F. Employment
- G. Living arrangement

III. Relevant Characteristics of Rural Social Structure

- A. Strong sense of community
- B. Size of community
  - 1. Large in territory
  - 2. Small in numbers of people
- C. Community social life likely centered around store, post office, church
- D. Special significance of black church
- E. Majority/minority community occupy same geographic area
- F. Invisibility of minority social structure to majority population
- G. Traditional service providers

1. Health: Physician

Pharmacist

2. Mental health: Minister

Physician

H. Extensive informal support networks

IV. Relevant Cultural Characteristics

A. Informal patterns of interaction folk-medicine

B. Folk medicine: self-diagnosis and self-treatment

C. Family cohesiveness and cooperative lifestyle

D. Intergenerational reciprocity

E. Flexibility in boundaries of extended family

F. Special leadership of elders in family

1. Elders more integrated within subculture

2. Elders less integrated into majority culture

V. Factors in Formal Service Utilization

A. Lack of awareness of services

B. Access difficulty

C. Cultural barriers

1. Failure to understand complicated systems of service delivery

2. Differences in perceived need

3. Bias against use of services

4. Traditional reliance on informal supports and mutual self-help

D. Attitudes of service providers

1. Discriminatory practices

2. Failure to recognize and respect cultural differences

E. Insensitive and discriminatory policies/programs

1. Programs with racial/ethnic identity inadequately funded and understaffed
2. Rural/ethnic value systems not considered in program development
3. Eligibility requirements based on urban-majority model
    a. Limitations on property ownership
    b. Ceilings on household income

F. Services lack community base (in perspective of service recipients)

VI. In-Migrating Retirees: A Special Case

A. Rural elders typically not a mobile population

B. Rural retirees move back to geographic area of "roots" or to rural "watering holes" (areas around lakes, rivers)

C. Retirees have more financial resources

D. Retirees more likely place demands on service delivery systems

E. Retirees frequently become advocates for aged rural-dwelling neighbors

Instructor's Resource Guide

Content Outline	References	Learning Objectives	Post-Test Questions
I. Introduction		1	1
A. Demographics	AARP, 1986		
1. Current demographics	Carter, 1982		
2. Projections	Coward & Lee, 1985 (pp. 3-55;		
B. Implications for policy	223-241)	2	2
and program development	Glasgow & Beale, (pp. 25-55)		
C. Difficulty in separating	Krout, 1986 (pp. 1-38; 167-176)		
rural from minority	McNeely & Colen, 1983 (pp. 42-49)		
characteristics			
II. How Rural Minority Elders	AARP, 1986	3	3
Differ from Non-Minorities	Coward & Lee, 1985 (pp. 3-55)		
A. Income	Glasgow & Beale, 1985		
B. Health	Gröger, 1983		
C. Housing	Krout, 1986 (pp. 39-121)		
D. Transportation	Manuel, 1982 (pp. 31-52)		

Content Outline	References	Learning Objectives	Post-Test Questions
E. Education	McNeely & Colen, 1983		
F. Employment			
G. Living arrangements			
III. Relevant Characteristics of Rural Social Structure	Coward & Lee, 1985 (pp. 105-125; 151-191)	4	4
A. Strong sense of community	Gröger, 1983		
B. Size of community	Glasgow & Beale, 1985		
1. Large in territory	Krout, 1986 (pp. 123-141)		
2. Small in number of people	Manuel, 1982 (pp. 103-107)		
C. Community social life likely centered around store, post office, church			
D. Special significance of black church		5	5
E. Majority/minority community often occupy same geographic area			

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Content Outline	References	Learning Objectives	Post-Test Questions
F. Invisibility of minority social structure to majority population			
G. Traditional service providers		6	6
1. Health: Physician			
Pharmacist			
2. Mental health: Minister			
Physician			
H. Extensive informal support networks			
IV. Relevant Cultural Characteristics	Boyd, 1984	7	7
A. Informal patterns of interaction	Chatters, Taylor & Jackson, 1985		
	Dancy, 1977		
B. Folk medicine: self-diagnosis and self-treatment	Gelfand, 1982		
	Manuel, 1982 (pp. 195-201)		
	McNeely & Colen, 1983 (pp. 95-107)		
C. Family cohesiveness and cooperative lifestyles	Taylor & Chatters, 1986		
	Twitty, 1982 (Vol. IV)		

Content Outline	References	Learning Objectives	Post-Test Questions
D. Intergenerational reciprocity	Watson, 1984		
E. Flexibility in boundaries of extended family			
F. Special leadership roles of elders in family			
1. Elders more integrated within subculture		8	8
2. Elders less integrated into majority culture			
V. Factors in Formal Service Utilization	Carter, 1982 Coward & Lee, 1985 (pp. 193-222)	9	9
A. Lack of awareness of services	Flaskerud, 1986 Holmes, et al., 1979		
B. Access difficulty, e.g., transportation	Krout, 1986 (pp. 1-13; 123-166) Kushman & Freeman, 1986		
C. Cultural barriers			

Content Outline	References	Learning Objectives	Post-Test Questions
1. Failure to understand complicated systems of service delivery	Manuel, 1982 (pp. 161-183) McNeely & Colen, 1983 (pp. 174-184, 237-295)		
2. Differences in perceived need	New et al., 1985 (pp. 28-34)		
3. Bias against use of services	Twitty, 1982 (Vol. VI)		
4. Traditional reliance on informal supports and mutual self-help			
D. Attitudes of service providers		10	10
1. Discriminatory practices			
2. Failure to recognize and respect cultural differences			
E. Insensitive and discriminatory policies/programs			

Content Outline	References	Learning Objectives	Post-Test Questions

1. Programs with racial/ Ethnic identity inadequately funded and understaffed
2. Rural/ethnic value systems not considered in program development
3. Eligibility requirements based on urban-majority model
   a. Limitations on property ownership
   b. Ceilings on household income
4. Services lack community base (in perspective of service recipients)

Content Outline	References	Learning Objectives	Post-Test Questions
VI. In-Migrating Retirees: A Special Case A. Rural elders typically not a mobile population B. Rural retirees move back to geographic area of "roots" or to rural "watering holes" (areas around lakes, rivers) C. Retirees have more financial resources D. Retirees more likely place demands on service delivery systems E. Retirees frequently become advocates for aged rural-dwelling neighbors	Coward & Lee, 1985 (pp. 44-55) Glasgow & Beale, 1985	11	11

Post-Test Questions

1. Discuss current demographic trends relative to the size and growth rate of the older rural minority population.
2. What are some implications of these trends for future policy and/or program development?
3. How do rural minority elders differ from their urban and nonminority counterparts in the following areas:
    a. income
    b. health
    c. housing
    d. transportation
    e. education
    f. employment
    g. living arrangements
4. In what ways does rural social structure have specific impact on the lifestyles and social behaviors of rural minority elders?
5. Discuss the special significance of the black church for the informal support networks of rural black elders.
6. Identify the traditional providers of formal health and mental health services to rural minority elders.
7. Describe at least 5 characteristics of rural minority culture which are important for aging service providers to be aware of and understand.
8. Are rural minority elders more or less adequately integrated into the social structure of their communities than their nonminority counterparts? Discuss briefly.
9. Identify at least 5 characteristics of rural minority elders which are likely to influence negatively their utilization of available services.

10. How can service delivery programs be made more culturally compatible for rural minority elders?

11. How are minority retirees who migrate from metropolitan to rural ares different from typical rural-dwelling minority elders?

Annotated Bibliography

American Association of Retired Persons Minority Affairs Initiative. (1986). A Portrait of Older Minorities Washington, DC: American Association of Retired Persons.

This brochure provides the most concise, up-to date information available on the demographic characteristics of older minorities. The statistical information which was researched by the center for Population Research at Georgetown University was based on 1980 Census data. Information is provided on marital status, living arrangements, education, employment, income, poverty status and health of the black, Hispanic, Asian/Pacific Islander, and native American elderly. This brochure is available without charge from AARP, 1909 K Street, N.W., Washington, DC 20049. It is an excellent handout for students.

Bahr, Sister R.T., & Gress, L.D. (1980). Course description: The nursing process: Ethnicity and aging. Journal of Gerontological Nursing, 6, 210-213.

This article describes a graduate course for nurses developed as part of the gerontological nursing sequence in the Master's Program in Nursing at the University of Kansas. Philosophically, the course grew out of the instructors' beliefs that knowledge of an individual's culture, health beliefs and practices is essential to individualizing nursing care. Primarily of value for nursing educators, the article includes the course description, objectives, content, requirements and teaching and evaluative methodologies. Of particular interest are the clinical experiences of the student nurses which are woven into the fabric of the course description. These experiences involved multiethnic aged patients in a variety of settings.

Carter, J.H. (1982). The black aged: Implications for mental health care. Journal of the American Geriatrics Society, 30, 67-70.

The author, a black psychiatrist, argues that mental health care of aged blacks should reflect the combined impact of ethnic culture and race (i.e., minority status). Treatment should be based, not on simplistic formulas or stereotypes, but on clinical indications in differential diagnosis. This requires both a sensitivity to and in-depth knowledge of the values, life-styles, and historical perspective of the black aged. An important issue in this regard is the meaning of mental illness for black Americans. Traditional treatment modalities must be augmented with nonpsychiatric remedies, including those peculiar to black culture. A comprehensive health care approach, combining medical, psychological, and social services, is proposed. This article has significance for health professionals from many disciplines. Issues raised by the author have implications for physical as well as mental health care.

Chatters, L.M., Taylor, R.J., & Jackson, J.S. (1985). Size and composition of the informal helper networks of elderly blacks. Journal of Gerontology 40, 605-614.

This study which was based on data from the National Survey of Black Americans, is a valuable empirical resource. Approximately, 28% of the sample was rural. Information on informal support networks is of significance for understanding the cultural backgrounds of minority elders and can have important implications for care of frail elders. Results indicate that black women and married individuals have larger support networks than men and unmarrieds. Respondents in the southern region of the United States had considerably larger helper networks, consisting of both kin and nonkin. No significant

differences between rural and urban components of the sample were reported. Issues relating size of informal support network to quality of care are discussed.

Coward, R.T., & Lee, G.R. (Eds.). (1985). The elderly in rural society. New York: Springer Publishing Co.

Although no chapter on minorities is included and the book clearly reflects a majority perspective, this is a useful resource on rural aging. The chapter on The Rural Elderly in Demographic Perspective (Clifford, Heaton, Voss, and Fuguitt, pp. 25-55) and Part III, which deals with policy development and service delivery issues, will be most valuable. The editors point out the need for increased comparative research in which age and residence are treated as independent variables, as opposed to limited descriptive studies of the rural elderly.

Dancy, J., Jr. (1977). The black elderly: A guide for practitioners. An Arbor, MI: Institute of Gerontology, University of Michigan-Wayne State University.

Although published more than a decade ago, this little book (56 pages) is still of value for educators of service providers to the black aged. The profile of the black elderly and the extensive bibliography will be usedful. Community college faculty, in particular, may find the outline of a training program for practitioners helpful.

Flaskerud, J.H. (1986). The effects of culture-compatible intervention on the utilization of mental health services by minority clients. Community Mental Health Journal, 22, 127-141.

Although this study does not deal specifically with older minorities, it is an important resource because of the dearth of research on service utilization by older minorities. Empirical data on the effects of culture-compatible interventions in service delivery to minorities are extremely valuable. Utilization was measured by classifying clients as either remaining in therapy for more than four visits (non-dropout) or terminating therapy after four visits or less without consent of the therapist (dropout). Three culture-compatibility variables were found to be significant predictors of continued utilization: language match of therapist and client, ethnic/racial match of therapist and client, and agency location in the ethnic/racial community.

Gelfand, D.E. (1982). Aging: The ethnic factor. Boston: Little, Brown and Company.

This little book (113 pages) may be used as a textbook at the undergraduate level or as supplementary reading in graduate courses. The strength of the book is in its comprehensive view of ethnicity and its focus on basics. Attention is given to ethnic groups whose identity is based on race, religion and/or national origin. The first two chapters deal with conceptions and models of ethnicity and the historical development of various ethnic groups within the United States, e.g., a history of immigration. The influence of ethnicity on formal and informal support systems of the elderly is discussed. The author has done an admirable job of integrating basic information on ethnicity and aging into a concise and readable text.

Gelfand, D.E., & Kutzik, A.J. (Eds.). (1979). Ethnicity and Aging: Theory, Research and Policy. New York: Springer Publishing Company.

This book grew out of the National Conference on Ethnicity and Aging at the

University of Maryland in 1978 and brought together a comprehensive collection of the scientific writings on ethnicity and aging available at that time. This was the first major collection of writings on aging in which definitional distinctions between "ethnic" and "minority" groups were raised. The editors also recognized the significance of developmental psychology in bringing cultural variables into the study of aging. Several of the chapters are classics and deserve special consideration. I.K. Zola's discussion of the role of ethnicity in medical practice (pp. 66-80) is a compelling argument for sensitization of healthcare practitioners to ethnic issues. R. Kastenbaum's Reflections on Old Age, Ethnicity, and Death (pp. 81-95) emphasize the inseparability of one's ethnicity from other components of one's identity, e.g., age, sex. He also writes in particularly poignant terms of how the dying of an older person in an institutional setting, unless it occurs in some way which upsets the institutional routine, is a depersonalized event to be "managed" without consideration of cultural tradition. R. Varghese and F. Medinger (in Fatalism in Response to Stress Among the Minority Aged, pp. 96-116) call attention to culture-specific adaptive responses to stress which may be considered maladaptive in non-minority cultures. Although these writings were developed nearly a decade ago, this book is still a valuable resource in the field of ethnicity and aging.

Glasgow, N. & Beale, C.L. (1985). Rural elderly in demographic perspective. Rural Development Perspectives, 1.

This article provides an up-to-date demographic perspective of older adults in rural society. U.S. Census data is utilized to examine living arrangements, income, housing, transportation, and health of the older rural population. The information on migration of elders from metropolitan to rural areas is

particularly useful.

Gröger, B.L. (1983). Growing old with or without it: The meaning of land in a Southern rural community. Research on Aging, 5, 511-526.

This article deals with a crucial variable in the lines of rural minority elders - land ownership and the meaning attached to it. Differential patterns of land ownership among aged black and white residents of a rural North Carolina county are explored. Although this study is descriptive rather than experimental in design, a number of the findings are important, if for no other reason than that the issues involved have been largely ignored by researchers. The author points out that aged blacks and whites who have lived all or most of their lives in the same rural environment have had very different life experiences. A major contributing factor is differntial access to land ownership. The feelings and ideology of rural elders about land ownership and the importance of land in rural intergenerational relations are discussed.

Holmes, D., Holmes, M., Steinbach, L., Hausner, T., & Rocheleau, B. (1979). The use of community-based services in long-term care by older minority persons. The Gerontologist, 19, 389-397.

This study was conducted by Community Research Applications, Inc., under contract to the Health Resources Administration. Primary data was collected from service providers to the elderly in a national sample of 32 counties. Counties were selected to get a range of overall population density and to include high proportions of four federally recognized minority groups (Blacks, Hispanics, Native Americans, Orientals). Agencies which served a higher

proportion of older minorities had a higher proportion of minorities on staff and on the governing Board, had specialized staff training on the needs of the minority aged, had offices in minority neighborhoods, and had administrators who believed that minority staffing is important. The strongest predictors of percentage of minority clients served were percentage of minority staff and location of offices in minority neighborhoods. Public agencies were more likely to serve minorities than were proprietary or private nonprofit agencies.

Krout, J.A. (1986). The aged in rural America. New York: Greenwood Press.
The author has done an excellent job of assessing and integrating current research on rural aging in this much-needed volume. However, the only attention given to minorities is in the chapter on demographics. Given the limited research literature in this area, this book is a valuable resource. The author is to be especially commended for his balanced and scholarly review of the research on rural values, life satisfaction, and informal support systems.

Kushman, J.E., & Freeman, B.K. (1986). Service consciousness and service knowledge among older Americans. International Journal of Aging and Human Development, 23, 217-237.

In this study general consciousness that services exist is posited to increase the probability that older persons will seek out services to meet their needs. Service knowledge, or awareness of availability of specific services, is seen as a prerequisite to utilization. Rurality and minority status were found to be associated with low service consciousness and knowledge. Specific results were related to outreach and access barriers, although it is unclear to what

extent deficits in service knowledge on the part of minorities reflect inadequate outreach, geographic, social, or other access barriers.

Manuel, R.C. (Ed.). (1982). Minority Aging. Westport, CT: Greenwood Press. Although studies of some other minorities are included, this book most frequently reflects the black perspective. Manuel reviews the history of minority aging research and provides a conceptual perspective, emphasizing the significance of distinctive lifelong patterns of socialization within an ethnic culture. He also clearly delineates the distinct definitions of ethnicity and minority status. Most useful sections include chapters on economic and health and on service delivery and utilization. This book may be used as a text or as supplemental reading for courses in minority aging.

Markides, K.S., & Mindel, C.H. (1987). Aging and Ethnicity. Newbury Park, CA: SAGE Publications, Inc.

This book represents a generally successful effort by the authors to synthesize research on aging in various ethnic groups within the United States. Noting that earlier writings have focused on minority group membership, Markides and Mindel make a significant contribution to conceptual development in a sustained effort to integrate a growing body of research within a theoretical framework which includes the concepts of both minority status and ethnicity. The chapters on Mortality and Health, Family Structure and Family Relations, Mental Health and Psychological Well-Being, Death and Dying will be of most value.

McNeely, R.L., & Colen, J.L. (Eds.). (1983). Aging in Minority Groups. Beverly Hills, CA: SAGE Publications, Inc.

This book consists of a compilation of professional papers and essays which are organized into four major sections by the editors: Demography, Exemplars of Aging in Cultural Context, Selected Social Problems, and Guidelines for Service Delivery. In the Introduction, the editors present an overview of research problems with the minority aged, cite the limitations of current theoretical perspectives in explaining and/or predicting minority aging, and emphasize the need for conceptual frameworks which incorporate a historical perspective in understanding aging in minority groups. The chapters, which were written by members of the various minority groups being discussed, are of uneven value. The chapter by E.M. Bastida on rural/urban differences in service utlization will be of particular interest. The chapters on physical health by B.J. Morrison and on mental health by J.A. Allen and the section on guidelines for service delivery are also potentially useful.

New, P.K., Henderson, J.N., Mangum, W., & Rich, T. (1985). Special Issue on Aging and Ethnicity. Journal of Applied Gerontology, 4, Number 1.

For the educator with little available time, this special issue offers a compact review of recent research and thought on ethnicity and aging. The most useful article (Stokesberry, J. New policy issues in black aging: A state and national perspective, pp. 28-34) makes eight specific recommendations for improving service delivery to aged blacks.

Taylor, R.J. & Chatters, L.M. (1986). Church-based informal support among elderly blacks. The Gerontologist, 26, 637-642.

The study reports that frequent church attendance by black elders was an important predictor of both frequency and amount of informal support. Thus, it appears that for older blacks who are involved in church activities, the

church is an important source of informal assistance. The adult children of older blacks appear to function as links between the family and the church. Information on types of assistance and regional differences in amount of church-based support is also provided.

Twitty, G.C. (1982). Minority Aging Series. A Series of Individualized Instructional Modules. Hampton, VA: Department of Human Ecology, Hampton Institute.

There are six volumes plus an Instructor's Manual in this series of instructional modules. The titles are: The Black Aged, A Cross-Cultural Review of the Elderly, The Impaired Elderly, The Family and the Black Aged, The Older Woman, and Service Delivery to Minority Elders. The series was developed in the Learning Resources Center of the Department of Human Ecology at Hampton Institute (now Hampton University). The programmed instructional guides allow for self-paced, individualized learning using a multi-media approach. However, individual instructional units may be adapted for classroom use. The Instructor's Manual includes pre- and post-test questions, suggested learning activities and exercises, and a student evaluation form for each module. These modules may be used for undergraduate, graduate, or in-service training. Updating the instructional resources would greatly enhance their value.

Watson, W.H. (1983). The Health of Older Blacks: A Curriculum Module. Washington, DC: National Caucus and Center on Black Aged.

There are three major sections in this curriculum module. In the first, entitled Instructional Guidelines-by-Objectives, the author has listed objectives, and identified substantive issues, techniques of instruction, measurable output, and assessment technique for each topic area. The second section

consists of a brief discussion of the substantive issues in each topic area. Questions for class discussion and examination, key terms, and a list of introductory readings are included. The third major section is a more extensive bibliography for each topic area. This module would be most useful in developing basic conceptulization for undergraduate or introductory professional courses in minority aging. The biggest drawback to the module is that most of the resources are dated.

Watson, W.H. (Ed.) (1984). Black Folk Medicine. New Brunswick, NJ: Transaction Books.

Probably no book does as much to explain conceptions of health and illness in Afro-American cultures and to elucidate the role of folk medicine in the health practices of older blacks, especially in the rural South. This book will be an important resource for educators preparing students for careers in service delivery to Southern blacks or blacks with Southern roots. A glossary of folk medicine terms and an extensive bibliography of resources in Afro-American folk medicine add to the value of this fine little book (113 pp.).